U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Facure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2707/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GEORGE GRIMSHAW	Name TEAMSTERS LOCAL UNION 863
	Labor Organization File Number 001-348
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 209 SUMMIT ROAD	Street 209 SUMMIT ROAD
City MOUNTAINSIDE	City MOUNTAINSIDE
State New Jersey ZIP Code + 4 0709	2-2304 State New Jersey ZIP Code + 4 07092-2304
Position in labor organization. TRUSTEE	
. Held an interest in, engaged in transactions (including load	d in the exclusions set forth in the instructions; as) with, or derived income or other economic benefit of organization represents or is actively seeking to represent.
. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Name Trade Name, if any:	
Name Trade Name, if any:	and the second s
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Cxxic + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature er penalty of Perjury and other applicable penalties of the law, that all of the information by accompanying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, und submitted in this report (including the information contained in an	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature er penalty of Perjury and other applicable penalties of the law, that all of the information by accompanying documents), has been examined by the signatory and is, to the best of the

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ZAZZALI, FAGELLA, NOWAK, KLEINLAUM, FRIEDMAN	X, a. Labor Organization
Trade Name, if any: SAME	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 1 RIVERFRONT PLAZA	
City NEWARK	
State New Jersey ZiP Code + 4 07102-5418	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ATTORNEYS FOR LOCAL UNION
Trade Name, if any:	
P.O. Box. Blog., Room No., if any	
Street	11.b. Approximate dollar value of such dealing\$15,000 monthly
City	12.a. Nature of interest held or income received.
State ZIP Cod + 4	It is my recollection that I received a traditional holiday Christmas basket from the above referenced law firm. I believe its value was in excess of \$25.00.
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Coce + 4	·
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. ————————————————————————————————————

File Number U-

Name of Person Filing

George Grimshaw